

SEP 15 2004

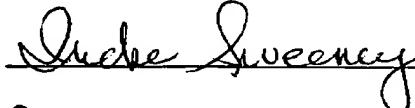
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- 1) Response to Final Office Action dated 6/3/04
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Number of Pages Including this Page: 14

Inventor(s): Hamilton, et al.  
S.N.: 09/532,576  
Filed: March 22, 2000  
Conf. No.: 8660  
Case: 7995

Comments:

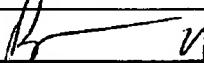
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| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b> |  | <b>Complete if Known</b> |                   |
| Patent fees are subject to annual revision.  |  | Application Number       | 09/532,576        |
|  |  | Confirmation Number      | 8660              |
|  |  | Filing Date              | March 22, 2000    |
|  |  | First Named Inventor     | Peter W. Hamilton |
|  |  | Examiner Name            | A. A. Chevaller   |
|  |  | Art Unit                 | 1772              |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b> 110.00   |  | Attorney Docket No. 7995 |                   |

| <b>METHOD OF PAYMENT</b>   |   |   | <b>FEES CALCULATION (continued)</b>  |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
|--|---|---|--|---------------------------------------|-----------------|----------|------|-----------------|--------------------|--------------------------|------|-----------------------------------|--------------------------|--------------------------|------|--|--------------------------|--------------------------|------|---------------------------|--------------------------|--------------------------|--|--|--------------------------|--------------|----------------|--|--|----------------------------|---|---|----------------------------|---|--------------------|---|-------------------------------------|------|-----|--|--------------------------|------|------------------------|--|--------------------------|-----------------------------------|-------|--|---------------------------------------|------|-------|---|--------------------------|------|---|------------------|--------------------------|------|-----|--|--------------------------|------|-----|--------------------------|--------------------------|------|-------|---|--------------------------|------|-----|----------------------------------|--------------------------|------|-------|------------------------------------|--------------------------|------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|--|--------------------------|------|-----|--|--------------------------|------|-----|--|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|---------------------|--|--------------------|--|---------------------------------------|--|
| <p>1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480<br/>Deposit Account Name: The Procter &amp; Gamble Company</p>  |   |   | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Code</th> <th>\$</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>1252</td><td>420</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>950</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,480</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>2,010</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>330</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>330</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>290</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,330</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,330</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>480</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Processing fee under 37 C.F.R. 1.17(q)</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>770</td><td>Filing a submission after final rejection<br/>(37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>770</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>770</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1330</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="2"><b>SUBTOTAL (1)</b></td> <td colspan="2"><b>(\$)</b> 110.00</td> <td colspan="2"><b>SUBTOTAL(3)</b> <b>(\$)</b> 110.00</td> </tr> </tbody></table> |                                       |                 | Code     | \$   | Fee Description | Fee Paid           | 1051                     | 130  | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052                     | 50   | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053                     | 130  | Non-English specification | <input type="checkbox"/> | 1812                     | 2,520  | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804         | 920*           | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/>                       | 1805                       | 1,840*  | Requesting publication of SIR after Examiner's action | <input type="checkbox"/>   | 1251  | 110                | Extension for reply within 1 <sup>st</sup> month    | <input checked="" type="checkbox"/> | 1252 | 420 | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253 | 950                    | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 1254                              | 1,480 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/>              | 1255 | 2,010 | Extension for reply within 5 <sup>th</sup> month  | <input type="checkbox"/> | 1401 | 330   | Notice of Appeal | <input type="checkbox"/> | 1402 | 330 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | 290 | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,330 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,330 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 480 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Processing fee under 37 C.F.R. 1.17(q) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 770 | Filing a submission after final rejection<br>(37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 770 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 770 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1330 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | <b>SUBTOTAL (1)</b> |  | <b>(\$)</b> 110.00 |  | <b>SUBTOTAL(3)</b> <b>(\$)</b> 110.00 |  |
| Code   | \$  | Fee Description   | Fee Paid   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1051   | 130   | Surcharge-late filing fee or oath   | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1052   | 50  | Surcharge-late provisional filing fee or cover sheet  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1053   | 130   | Non-English specification   | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1812   | 2,520   | For filing a request for <i>ex parte</i> reexamination  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1804   | 920*  | Requesting publication of SIR prior to Examiner's action  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1805   | 1,840*  | Requesting publication of SIR after Examiner's action   | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1251   | 110   | Extension for reply within 1 <sup>st</sup> month  | <input checked="" type="checkbox"/>  |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1252   | 420   | Extension for reply within 2 <sup>nd</sup> month  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1253   | 950   | Extension for reply within 3 <sup>rd</sup> month  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1254   | 1,480   | Extension for reply within 4 <sup>th</sup> month  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1255   | 2,010   | Extension for reply within 5 <sup>th</sup> month  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1401   | 330   | Notice of Appeal  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1402   | 330   | Filing a brief in support of an appeal  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1403   | 290   | Request for oral hearing  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1451   | 1,510   | Petition to institute a public use proceeding   | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1452   | 110   | Petition to revive - unavoidable  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1453   | 1,330   | Petition to revive - unintentional  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1501   | 1,330   | Utility issue fee (or reissue)  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1502   | 480   | Design issue fee  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1460   | 130   | Petitions to the Commissioner   | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1807   | 50  | Processing fee under 37 C.F.R. 1.17(q)  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1806   | 180   | Submission of Information Disclosure Statement  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1809   | 770   | Filing a submission after final rejection<br>(37 CFR § 1.129(a))  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1810   | 770   | For each additional invention to be examined (37 CFR § 1.129(b))  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1801   | 770   | Request for Continued Examination (RCE)   | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1802   | 900   | Request for expedited examination of a design application   | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1454   | 1330  | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| Other fee (specify) _____  |   |   | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| Other fee (specify) _____  |   |   | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| <b>SUBTOTAL (1)</b>  |   | <b>(\$)</b> 110.00  |  | <b>SUBTOTAL(3)</b> <b>(\$)</b> 110.00 |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| <p>1. BASIC FILING FEE – Large Entity</p> <table border="1"> <thead> <tr> <th>Code</th> <th>\$</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>Utility filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1002</td><td>340</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>770</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> </tbody> </table> <p><b>SUBTOTAL (1)</b> <b>(\$)</b> 110.00</p> |   |   | Code   | \$                                    | Fee Description | Fee Paid | 1001 | 770             | Utility filing fee | <input type="checkbox"/> | 1002 | 340                               | Design filing fee        | <input type="checkbox"/> | 1004 | 770  | Reissue filing fee       | <input type="checkbox"/> | 1005 | 160                       | Provisional filing fee   | <input type="checkbox"/> | <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity</p> <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims <input type="checkbox"/> - 20** =</td><td><input type="checkbox"/> x</td><td><input type="checkbox"/> = <input type="checkbox"/></td></tr> <tr><td>Independent Claims <input type="checkbox"/> - 3** =</td><td><input type="checkbox"/> x</td><td><input type="checkbox"/> = <input type="checkbox"/></td></tr> <tr><td>Multiple Dependent</td><td><input type="checkbox"/> = <input type="checkbox"/></td><td></td></tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Code</th> <th>\$</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>86</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td></tr> </tbody> </table> <p><b>SUBTOTAL (2)</b> <b>(\$)</b> 110.00</p> |  |                          | Extra Claims | Fee from Below | Fee Paid   | Total Claims <input type="checkbox"/> - 20** = | <input type="checkbox"/> x | <input type="checkbox"/> = <input type="checkbox"/> | Independent Claims <input type="checkbox"/> - 3** =   | <input type="checkbox"/> x | <input type="checkbox"/> = <input type="checkbox"/> | Multiple Dependent | <input type="checkbox"/> = <input type="checkbox"/> |                                     | Code | \$  | Fee Description                                  | 1202                     | 18   | Claims in excess of 20 | 1201   | 86                       | Independent claims in excess of 3 | 1203  | 290  | Multiple dependent claim, if not paid | 1204 | 86    | **Reissue independent claims over original patent | 1205                     | 18   | **Reissue claims in excess of 20 & over original patent |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| Code   | \$  | Fee Description   | Fee Paid   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1001   | 770   | Utility filing fee  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1002   | 340   | Design filing fee   | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1004   | 770   | Reissue filing fee  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1005   | 160   | Provisional filing fee  | <input type="checkbox"/>   |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| Extra Claims   | Fee from Below                                      | Fee Paid  |  |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| Total Claims <input type="checkbox"/> - 20** =   | <input type="checkbox"/> x                          | <input type="checkbox"/> = <input type="checkbox"/>   |  |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| Independent Claims <input type="checkbox"/> - 3** =  | <input type="checkbox"/> x                          | <input type="checkbox"/> = <input type="checkbox"/>   |  |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| Multiple Dependent   | <input type="checkbox"/> = <input type="checkbox"/> |   |  |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| Code   | \$  | Fee Description   |  |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1202   | 18  | Claims in excess of 20  |  |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1201   | 86  | Independent claims in excess of 3   |  |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1203   | 290   | Multiple dependent claim, if not paid   |  |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1204   | 86  | **Reissue independent claims over original patent   |  |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |
| 1205   | 18  | **Reissue claims in excess of 20 & over original patent   |  |                                       |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |  |  |                          |              |                |  |  |                            |   |   |                            |   |                    |   |                                     |      |     |  |                          |      |                        |  |                          |                                   |       |  |                                       |      |       |   |                          |      |   |                  |                          |      |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |                     |  |                    |  |                                       |  |

|                     |   |                                      |        |                          |
|---------------------|---|--------------------------------------|--------|--------------------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b>      |        |                          |
| Name (Print/Type)   | Peter D. Meyer  | Registration No.<br>(Attorney/Agent) | 47,792 | Telephone (513) 634-9359 |
| Signature           |  |                                      | Date   | September 15, 2004       |

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